

CIVILIAN EMPLOYEE FITNESS ASSESSMENT AND PLAN

(For use of this form, see Fort Knox Reg 690-11)

Health Risk Assessment:

Date: _____

I have performed a Health Risk Assessment on _____,
and based on this assessment, I recommend the following activities:

Fitness Counselor _____
(signature)

CIVILIAN EMPLOYEE FITNESS PLAN

| Activities Recommended by <u>Counselor</u> | | <u>Activity</u> | Activities Desired by <u>Employee</u> | | Duty Time Activities Approved by <u>Supervisor</u> | |
|---|-------|--|--|-------|---|-------|
| YES | NO | | YES | NO | YES | NO |
| _____ | _____ | Nutrition Care (1 hr) | _____ | _____ | _____ | _____ |
| _____ | _____ | Tobacco Cessation Classes (6 hrs) | _____ | _____ | _____ | _____ |
| _____ | _____ | Stress Management Class (10 hrs) or Spiritual Fitness Class (1 hr) | _____ | _____ | _____ | _____ |
| _____ | _____ | Physical Exercise Training Program (72 hrs) | _____ | _____ | _____ | _____ |
| _____ | _____ | Substance Abuse Awareness Class (9 hrs) | _____ | _____ | _____ | _____ |

Civilian Employee Statement: I desire to improve my fitness. If physical exercise training is approved during duty time by my supervisor, I understand that (**1**) I will present a medical clearance (Fort Knox Form 1460a) from my private physician before beginning the training, (**2**) I will train within the limits set by my physician, (**3**) I may not exceed 3 hours of training per week for 24 weeks (72 hours total), and (**4**) I will participate in the total Physical Exercise Training Program.

NAME _____
(signature)

Supervisor's Statement: I support fitness. Employee is authorized use of duty time as indicated above in support of a total fitness program.

NAME _____
(signature)